

State of New Jersey - Department of Banking and Insurance
P.O. Box 040 Trenton, New Jersey 08625-0040
(20 West State Street)
Annual Report for Check Cashers
December 31, 2003

Reference Number _____

Licensed Name _____

Licensed Address _____

Telephone No. (____) _____ Fax No. (____) _____

Website _____ E-Mail Address _____

Is any other business conducted in the same office? Yes _____ No _____ If yes, describe blow:

Present Principals

Partnership/Limited Liability Company

President _____ a) _____

Secretary _____ b) _____

Treasurer _____ c) _____

Individual Owner _____ Manager _____

Name Title (____) Telephone No.

Certification

I, _____, _____
Name (Please Print) Title

of the above named entity hereby certify that the information provided in connection with this report is true to the best of my knowledge and belief.

Signature _____ Date _____

State of _____, County of _____ Sworn to and subscribed before

me this _____ day of _____, _____ and I hereby certify that I am not an officer or director of this entity.
(day) (month) (year)

_____ Notary Public My commission expires _____
(month) (day) (year)

N.J. Department of Banking and Insurance Annual Report for Check Cashers December 31, 2003	Licensed Name: <hr/> Prepared by:
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Schedule A Assets and Liabilities	Mil.	Thou.	Schedule E Income and Expenses	Mil.	Thou.
1 Cash on Hand	\$		25 Total Fees Collected.....	\$	
2 Undeposited Checks.....			26 Interest on Investments.....		
3 Cash Banks.....			27 Other Interest Income.....		
4 Marketable Securities.....			28 Rent Income.....		
5 Returned Checks on Hand.....			29 Forfeited Deposits.....		
6 Accounts Receivable.....			30 Other Income. (List).....		
7 Real Estate (net).....			31		
8 Furniture Fixtures & Equip. (net).....			32		
9 Other Assets.....			33 Total Income (Sum: lines 25-32)	\$	
10 Total Assets (Sum: lines 1 -9)..... (must agree with line 24 below)	\$				
11 Notes Payable.....	\$		Expenses		
12 Accounts Payable.....			34 Salaries-Officers, Partners or Owner.....	\$	
13 Mortgage Loans.....			35 Salaries - Other.....		
14 Accrued Expenses.....			36 Advertising.....		
15 Other Liabilities (List).....			37 Bank Service Charges.....		
16			38 Furniture, Fixtures & Equip.....		
17			39 Interest on Borrowings.....		
18 Total Liabilities (Sum:lines 11-17).....	\$		40 Legal & Accounting.....		
Capital/Net Worth			41 Rent, Light, & Heat.....		
19 Total Stock.....			42 Insurance.....		
20 Reserves.....			43 Licenses & Fees.....		
21 Surplus.....			44 Taxes		
22 Total Capital (Sum: lines 19 through 21).....	\$		45 Other Expenses (List).....		
23 Net Worth (Individual or Partnership).....	\$		46		
24 Total Liabilities and Capital (Sum: Lines 18 + 22 or 23)..... (must agree with line 10 above)	\$		47		
			48 Total Expenses (Sum: Lines 34-48).....	\$	
			49 Net Income (Line 33 less.. 48.....	\$	

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Licensed Name:

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Checks in Bank

Name of Depository	Location	Balance

Returned Checks on Hand

(Licensee may substitute its own return check listing in lieu of completing the following.)

Date of Check	Date Cashed	Date Returned	Maker	Endorser	Reason	Amount
						\$
Total Amount of Returned Checks (must agree with line 5 on previous page)						\$

List all officers and directors, and also, any holders of 10% or more of this entity's stock:

Name	Title (for Officers and Directors)	No. of Shares	% to Total
(If more space is needed, use attachment)		Total	

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Total number of office locations (including branch offices and mobile units).....



DO NOT INCLUDE CENTS IN YOUR FIGURES

Month	1% CHECKS			1-1/2% CHECKS			2% CHECKS			NO FEE CHECKS		TOTAL CHECKS		
	No.	Amount	Fee	No.	Amount	Fee	No.	Amount	Fee	No.	Amount	No.	Amount	Fee
Jan														
Feb.														
Mar.														
April														
May														
June														
July														
Aug.														
Sept.														
Oct.														
Nov.														
Dec														
Totals														